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CONFIRMATION NO. 4265

<b>SERIAL NUMBER</b> 10/627,994	<b>FILING OR 371(c) DATE</b> 07/28/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1623	<b>ATTORNEY DOCKET NO.</b> 81301.0001	
<b>APPLICANTS</b> Leslie Baumann, Miami Beach, FL; Esperanza Welsh, Miami Beach, FL;					
<b>** CONTINUING DATA *****</b> <i>none ESO</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>none ESO</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 10/23/2003</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>Eric S. Paul</i> <i>ESO</i> Acknowledged Examiner's Signature Initials		<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 29	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> LOUIS C. PAUL, ESQUIRE LOUIS C. PAUL & ASSOCIATES, PLLC 730 FIFTH AVENUE 9TH FLOOR NEW YORK, NY10019					
<b>TITLE</b> Method for treating damaged skin					
<b>FILING FEE RECEIVED</b> 917	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		